

CLAIMS ONLY						Application Number 10618399	Filing Date					
						Applicant(s)						
CLASS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2	1						52					
3	1						53					
4	1						54					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep.	3						Total Indep.					
Total Depend.	17						Total Depend.					
Total Claims	20						Total Claims					